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Applicant: Wild, et al.

Serial No.: 09/993,777 Atty.: MDD:lr

Filed: 11/06/2001 Case No.: SY01106KQ1

For: RECOMBINANT LARYNGOTRACHEITIS VIRUS...

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- ☒ Declaration/Power of Attorney (Exec./US 37 CFR 1.132 (____pages)) (2 pages)
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0964 (8/03)

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Attorney Docket No.: SY01106KQ1



16488
PTO/SB/92 (08-03)
(Modified)

Application No.: 09/993,777

Filing Date: 11/06/2001

Applicant: Martha A. Wild, et al.

Title: RECOMBINANT LARYNGOTRACHEITIS VIRUS AND USES THEREOF

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/993,777	
	Filing Date	11/06/2001	
	First Named Inventor	Martha A. Wild, et al.	
	Art Unit	1648	
	Examiner Name	Z. Lucas	
Total Number of Pages in This Submission	19	Attorney Docket Number	SY01106KQ1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): References (6); Declaration (Exec. 2 pgs.); Cert. of Mailing (1 pg.); Post Card
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Firm or Individual name	Michael D. Davis, Reg. No. 39,161	
Signature	<i>Michael D. Davis</i>	
Date	01/15/2004	

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